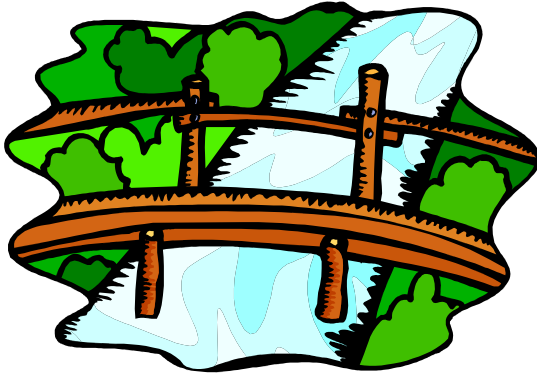


# DIABETES



**BALANCE**

**Rest,**

**Interests,**

**Diet,**

**Glucose,**

**Exercise**

***To Living!***

*Personal plan for:* \_\_\_\_\_

Date: \_\_\_\_\_

Provided by: \_\_\_\_\_

## INDIVIDUAL CARE GOALS:

1. Eating choices: DASH\* diet, plate method, portion control options, carbohydrate counting...

*Currently I am...*

*My goal in the next three months:*

---

2. Activity choices: increase in daily life activity, begin an exercise program, begin a new active hobby...

*Currently I am...*

*My goal in the next year:*

3. Medication goals: understand what, when, how, why, and where to take medications...

*Currently I take:*

*My medication is to be taken:*

4. Glucose testing goals: understand what, when, how, why and where to test your glucose level...

*I am now testing:*

*My goal:*

5. Living concerns: family, friends, work, rest or sleep, coping, learning...

*My diabetes concerns me because of...*

*I should...*

6. Health concerns: medical/dental, physical (pain, blood pressure), mental/emotional (sad, angry, lonely)...

*My health concerns today are...*

*I should...*

\* See page 11

# SAMPLE MEAL PLAN USING PLATE METHOD WITH “HAND” PORTION CONTROL

1 cup milk  
1 c lite yogurt  
½ cup ice cream or  
½ cup S free pudding

## **CARBOS**

**Dairy:** include daily  
**1-3 servings/day**  
~15 gms carbos  
per serving

## **CARBOS**

**Fruits**  
**2-3 servings /days**

Fresh/frozen  
or canned  
1-2 cups or  
fists/day or  
15-30 gms of  
carb./serving

## **NONCARBOS**

**Nonstarchy  
Vegetables**  
**1-2 cups  
or daily**

Asparagus  
Beets  
Broccoli  
Cabbage  
Cauliflower  
Carrots  
Green beans  
“Nopales”  
Leafy greens  
Onions  
Mushrooms  
Jicama  
Peppers  
Tomatoes  
Yellow squash  
Zucchini

## **NON CARBOS**

**Protein or  
Meats**

“deck of  
cards” or  
“hand  
palm”  
**1-2  
servings  
daily**

Beef  
Chicken, turkey  
Cheese  
Eggs  
Fish, seafood  
Lamb  
Pork  
Peanut butter

Breads, all types  
Cereals, all types  
Rice-all types  
Pastas-all types  
Dried beans/peas- all  
Potatoes/corn- all  
Tortillas, pitas, chips-  
All types

## **CARBOS**

**1-2 cups or  
fists at each meal**

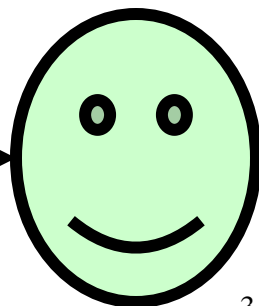
OLIVE OIL  
Canola oil  
Peanut oil  
Nuts  
Butters  
Lard  
Margarines  
Salad dress.  
Shortening

## **NON CARBOS**

**FATS-limit use  
In “weight control”**

## **NON CARBOS**

**NO LIMIT**  
Raw veggies for  
weight control





## ***WHEN TO CALL YOUR DOCTOR***

- Most of your blood glucose checks are over 240 mg/dl for 2-3 days with no known reason
- Your blood glucose is less than 70 mg/dl and you feel the signs of hypoglycemia with no known reason
- You have had vomiting and diarrhea over six hours
- You can not hold any liquids down, including water

### ***HIGH GLUCOSE***

#### **Watch for:**

Increased thirst/urination  
Blurred vision  
Hard heavy breathing  
Loss of appetite  
Weakness, fatigue

#### **What you should do:**

Call your doctor  
Drink liquids without sugar such as water often to keep you hydrated  
Test your blood sugar every 1-2 hours

#### **Possible causes include:**

Too much food  
Illness such as infection or fever  
Not enough insulin or medication  
Emotional or physical stress

### ***LOW GLUCOSE***

#### **Watch for:**

Cold sweats, dizziness, feeling faint  
Headache  
Trembling, nervousness, fast heart rate  
Excessive hunger  
Mood changes

#### **What you should do:**

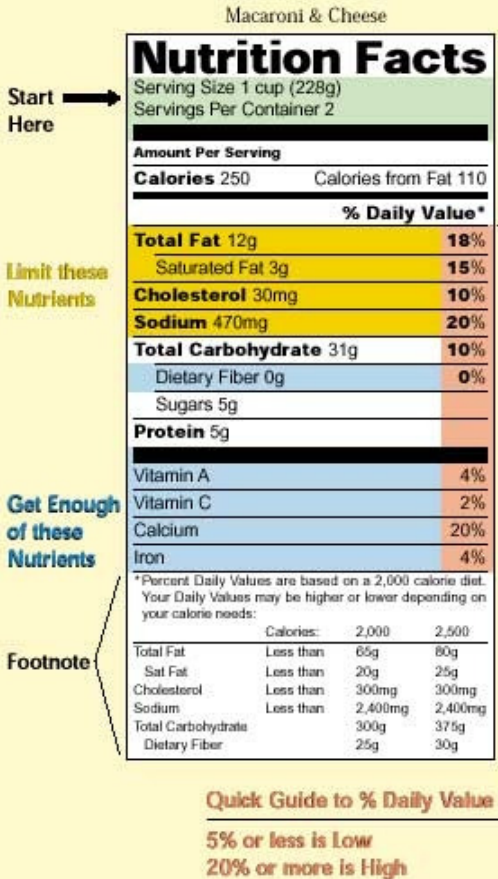
Take 3-4 glucose tablets, or drink liquids with sugar/calories  
Check your blood sugar 15 (fifteen) minutes later  
Have your next meal within an hour

#### **Possible causes include:**

Delayed meal  
Not enough food  
Unusual physical activity/stress  
Too much medication

Figure 8

## HOW TO READ A NUTRITION FACTS LABEL



## KEY POINTS WHEN REVIEWING NUTRITION LABELS

- Note portion size
- Aim at 1/3 of calories or less from fat
- Note fat grams if counting “fat grams”
- Note carbohydrate grams (determine “choices”) if desired
- Aim at foods with 1 gram fiber for every 100 calories or more
- Aim at sodium mgs equal or less than calories

## When should you test your blood?

- Your doctor may have suggested to you when to test and a desired goal.
- Below are some suggestions if you are not sure of a goal or time to test.

<b>Time to Test</b>	<b>Before breakfast (meal 1)</b>	<b>1-2 hours after breakfast #1</b>	<b>Before lunch (meal 2)</b>
<b>Basic Target</b>	<b>80 - 120</b>	<b>&lt; 180</b>	<b>80 - 120</b>
<b>My personal Recommendations</b>			
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

1-2 hours after lunch Meal 2	Before supper (meal 3)	1-2 hours after supper #3	Bedtime	3:00 a.m. During sleep
< 180	80 - 120	< 180	100 - 140	70 - 110

**Hemoglobin A1C goal is less than 7 in most persons!**

This is your average blood glucose over the last three months.

My most recent HbA1C is \_\_\_\_\_  
tested on \_\_\_\_\_.

### Other Risk Factors ...

- High blood pressure
- Low HDL-cholesterol, high LDL-cholesterol and/or high triglycerides
- Family history of Type 2 Diabetes, CVD or high blood pressure
- History of diabetes during pregnancy
- Glucose intolerance
- Non-Caucasian background
- Over age 40

## How Many *Carbs* Do You Need?

Calorie Level	Carb Choices	Carb Grams
1200	10	150
1500	13	185
1800	15	220
2000	17	250
2200	19	275
2400	20	300





# DAILY PHYSICAL ACTIVITY



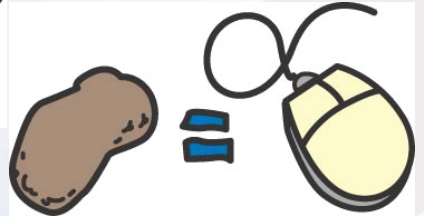
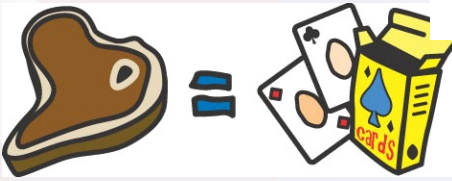
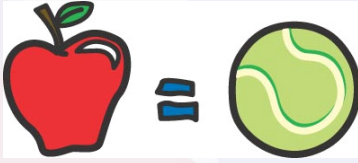
(kilocalories burned per minute for a 150 lb person)

▪ Sitting, riding in a car, watching TV -----	1
▪ Standing, little movement -----	3
▪ Walking, slow stroll, 2 mph -----	2.5
▪ Walking, moderate pace, 3 mph -----	4
▪ Walking, brisk pace, 4 mph -----	5
▪ Running, 5 mph (12 minute mile) -----	9
▪ Light exercise/weightlifting -----	3.5
▪ Vigorous weight lifting/exercise-----	7
▪ Biking outdoors, leisure pace -----	5
▪ Biking, stationary, moderate pace -----	8
▪ Biking, vigorous pace -----	12
▪ Golfing, vigorous house cleaning -----	5
▪ Carpentry, painting, wall papering -----	5
▪ Water aerobics/calisthenics-----	5
▪ Low impact aerobics/dancing -----	6
▪ Yard work, gardening, mowing-----	6
▪ Stair climbing/treadmill exercise -----	7
▪ Snow skiing, moderate downhill -----	7
▪ High impact aerobics/exercise/tennis -----	8
▪ Swimming, freestyle, slow -----	9
▪ Swimming, freestyle, fast-----	12

## Daily meal plan basics:

1. Maintain a daily eating routine
2. Always have 3 meals a day
3. Include a variety of foods
4. Include snacks if part of your meal plan

### Smaller Portions ...



### ... Make A Big Difference

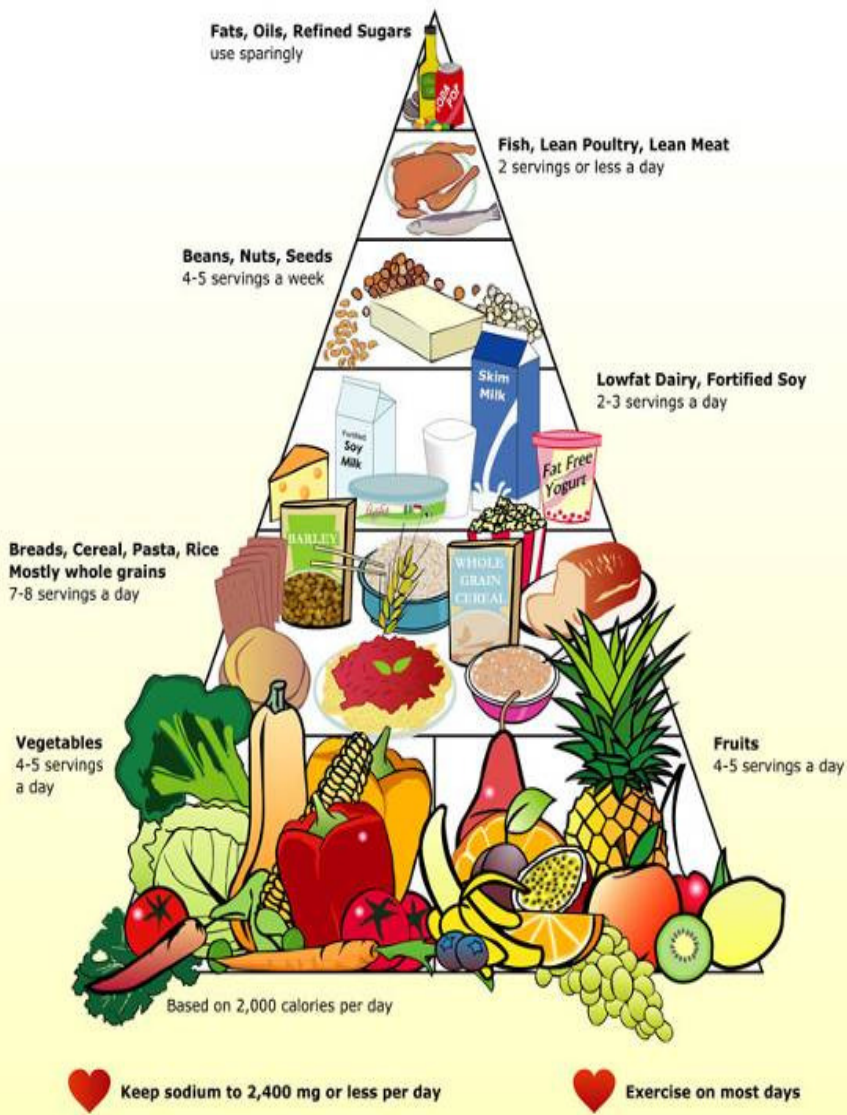
## My meal plan includes:

\_\_\_\_\_ meals daily with a target of \_\_\_\_\_ gms carb/meal

\_\_\_\_\_ snacks daily with a target of \_\_\_\_\_ gms carb/meal

# DASH PYRAMID

Dietary Approaches to Stop Hypertension



This booklet was produced by Frances Catinella and Rachel Dresher.  
If you would like to order more copies of this booklet, please  
call 801-538-6141



TIME      /      /     

[illegible]

TIME      /      /     

[illegible]

TIME      /      /     

[illegible]

TIME      /      /     

[illegible]



TIME      /      /     

TIME     ____/____/____		Carb Gm/C	Carb subtotal	Fat gms	Fat Subtotal
Gluc.	Breakfast/Activity				
	Snack/Activity				
	Lunch				
	Snack/Activity				
	Supper				
	Snack/Activity				
	Total carb/fat/gms				
	Total Activity				

TIME      /      /     

[illegible]

TIME      /      /     

[illegible]



TIME      /      /     

TIME      ____/____/____		Carb Gm/C	Carb subtotal	Fat gms	Fat Subtotal
Gluc.	Breakfast/Activity				
	Snack/Activity				
	Lunch				
	Snack/Activity				
	Supper				
	Snack/Activity				
	Total carb/fat/gms				
	Total Activity				

TIME      /      /     

[illegible]

TIME      /      /     

[illegible]

TIME      /      /     

[illegible]



TIME      /      /     

[illegible]



TIME      /      /     

[illegible]

TIME      /      /     

[illegible]